



The Village of Biscayne Park

640 NE 114th St., Biscayne Park, FL 33161

Telephone: 305-899-8000 Facsimile: 305 891 7241

Landlord Permit Application

Date: _____

Property Address: _____ Biscayne Park, FL 33161

1. Property Owner(s)

(First Name) (Last Name)

(First Name) (Last Name)

2. Current Mailing Address (physical address ONLY, not a PO Box):

(Address) (City) (State) (Zip Code)

3. Telephone Number: (_____) _____

4. Mobile Telephone Number: (_____) _____

5. Facsimile Number: (_____) _____

6. E-Mail Address: _____

7. Owner's Signature: _____ (same as no. 1 above)

Permit Cost (\$50 per unit): \$_____ Valid from ____/____/20____ to ____/____/20____

For Office Use Only

Date Received: ____/____/____ By: _____

Amount Paid: \$_____ () Cash () Check No. _____

Inspector Signature: _____ () Approved () Denied